



Department of Community and Recreation Services
FASTRAN Division
12011 Government Center Parkway, Suite 1040
Fairfax, VA 22035-1115
703-222-9764, TTY: 703-324-7079
FAX: 703-03-8150 or 703-803-8166



The following questions and answers have been compiled to assist you in understanding the Fairfax County FASTRAN Dial-A-Ride Program (DAR).

WHO IS ELIGIBLE?

To be eligible, an applicant must be a resident of Fairfax County whose gross income cannot exceed the amounts listed below:

<u>HOUSEHOLD SIZE</u>	<u>MONTHLY INCOME</u>	<u>ANNUAL INCOME</u>
1	\$ 1,745	\$ 20,948
2	2,341	28,103
3	2,938	35,258
4	3,534	42,413
5	4,130	49,568
6	4,726	56,723

Note: These figures are based on 225% of the U.S. Federal Poverty Guidelines.

WHAT ARE ACCEPTED FORMS OF INCOME VERIFICATION?

It is not necessary for applicants to submit income verification if that applicant is receiving services from one of the following agencies listed below (these service agencies can verify your income.)

- o you are a client of the Department of Family Services, the Health Department or Housing and Community Development OR
- o you are living in federally subsidized housing and your rent is based on your income.

Applicants who are not able to have their income verified by one of the above must submit documentation. Accepted forms of documentation are (copies are acceptable):

- o letter of award from Social Security Administration
- o unemployment or workman's compensation statement
- o agreement showing amount of child support or alimony
- o statement of monthly/pension benefits
- o employer statement (company letterhead) stating your salary or pay stubs for previous month
- o bank statement showing automatic deposit of Social Security check, SSI check, and/or retirement benefits.

Parents income is not considered when determining eligibility for an adult child (18 and over) still residing at home. Also, eligibility for elderly residents residing with a child is determined solely on the applicant's income. Example A: In a family of three (two adults and an 18 year old) the income of the two adults is not considered in determining the eligibility of the 18 year old.

Example B: An elderly couple residing with their adult children will not have their children's income considered for eligibility.

HOW WILL I KNOW IF MY APPLICATION HAS BEEN RECEIVED?

You will be sent notification which states:

- o your application has been approved and you are certified for use of FASTRAN Dial-a-Ride OR
- o that the application is incomplete and what information is required to complete the application.

HOW OLD CHILDREN MUST BE TO RIDE FASTRAN BY THEMSELVES?

Children under the age of 12 must be accompanied by an adult.

I RECENTLY HAD A BABY. DO I NEED TO REGISTER HER/HIM FOR FASTRAN?

All FASTRAN riders must be registered with the exception of companions. Call FASTRAN Customer Service at 222-9764 to register your baby. Your baby must use an appropriate car seat. FASTRAN has a limited number of car seats available, if you request one when you reserve your ride.

WHERE CAN FASTRAN TAKE ME?

For medical appointments, Dial-a-Ride can take you to locations in Fairfax County and selected locations in Arlington County and the City of Alexandria. Rides for all other purposes are limited to Fairfax County.

CAN FASTRAN TRANSPORT ME IF I USE A WHEELCHAIR?

FASTRAN Dial-a-Ride vehicles are lift equipped for riders using wheelchairs. Steps into the interior of FASTRAN vehicles have been specifically designed to accommodate people with disabilities. Lifts and tie-downs accommodate most commonly used wheelchair models. Collapsible wheelchairs are provided on request for persons with "scooter" motorized wheelchairs. In this case, you will be transferred to a collapsible wheelchair and your "scooter" wheelchair will be loaded and transported.

MAY I USE FASTRAN TO TRAVEL TO AND FROM WORK OR SCHOOL?

FASTRAN does not provide transportation to work or school.

WHAT ARE FASTRAN'S DIAL-A-RIDE HOURS?

Dial-A-Ride hours are Mondays - Fridays between 10:00 a.m. - 2:00 p.m. Rides are not available on weekends or on Fairfax County holidays.

I REQUIRE A COMPANION WHEN I TRAVEL. MUST MY COMPANION ALSO REGISTER WITH FASTRAN IN ORDER TO RIDE ON THE VEHICLE?

No. A companion does not need to be registered.

IF FASTRAN DOESN'T OPERATE BEFORE 10:00 A.M., WHY DO I SEE FASTRAN VEHICLES PICKING UP SOME OF MY NEIGHBORS WELL BEFORE 10:00 A.M.?

There are other county agency programs which use FASTRAN vehicles besides Dial-a-Ride. These include the Area Agency on Aging and the Community Services Board programs. For more information about other programs using FASTRAN vehicles, call FASTRAN Customer Service at 222-9764 extension 3.

If you have a disability which prevents you from using Metro/Connector service, you may also be eligible for Metro Access service. Call Metro Access at (301) 588-8181 for more information.

FASTRAN DIAL-A-RIDE APPLICATION

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FASTRAN Division
12011 Government Center Parkway, Suite 1040
Fairfax, Virginia 22035-1115
703-222-9764, TDD: 703-324-7079
FAX: 703-803-8150
703-803-8166

APPLICANT I.D.
NUMBER _____

DATE _____
(Office Only)

NOTE: AN APPLICATION MUST BE FILLED OUT FOR EACH APPLICANT

NAME _____ SOC. SEC. NO. _____

TELEPHONE NO. _____

Home

Work

ADDRESS _____ ZIP CODE _____

EMERGENCY CONTACT PERSON _____ DAYTIME PHONE NO. _____

(circle)

SEX _____ M _____ F _____

BIRTHDAY _____ / _____ / _____

FAMILY SIZE _____ (including applicant)

DO YOU REQUIRE A COMPANION/ATTENDANT TO ACCOMPANY YOU WHEN YOU RIDE ON A
FASTRAN VEHICLE? Yes No

DO YOU USE A WHEELCHAIR WHEN YOU TRAVEL? Yes No

IS YOUR RENT BASED ON YOUR INCOME? Yes No

ARE YOU CURRENTLY A CLIENT OF:

DEPT. OF FAMILY SERVICES? Yes No HEALTH DEPT. Yes No

HOUSING & COMMUNITY DEVELOPMENT Yes No

If yes, worker's name _____

Agency _____ Telephone No. _____

ARE YOU A MEDICAID RECIPIENT? IF YES, MEDICAID #

ARE YOU INTERESTED IN RECEIVING INFORMATION ABOUT OTHER PROGRAMS YOU MAY BE
ELIGIBLE FOR? Yes No

FASTRAN Dial-A-Ride Application

INCOME

PLEASE INDICATE THE SOURCE AND AMOUNT OF YOUR MONTHLY INCOME:

<u>SOURCE OF INCOME</u>	<u>MONTHLY AMOUNT</u>
ADC (Aid to Dependent Children)	\$ _____
General Relief (GR)	_____
Refugee Assistance	_____
SSI Supplemental Security Income	_____
SSDI Social Security Disability Insurance	_____
SSA Social Security Award	_____
Retirement/Pension Income	_____
Workman's Compensation	_____
Unemployment Compensation	_____
Child Support	_____
Alimony	_____
Monthly Interest from Investments	_____
Employment	_____
If employed, name of employer _____	
Other _____	

I certify to the best of my knowledge that all of the above information is true. In addition, I understand that my signature on this application gives permission to the Community and Recreation Services, FASTRAN Division to make contact with agencies for the purpose of determining eligibility for FASTRAN Dial-A-Ride.

Applicant Signature

Date

<u>Office use only</u>	Date received: _____	Customer Service Initial: _____
	Date entered: _____	Eligible: YES NO
	Client notified: _____	I.D.# _____